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ORIGINAL ARTICLES

PROFESSIONAL HEALERS*

By James J. Walsh, M.D., Ph.D.
of New York

By professional healers I mean both healers by profession and healers in the profession. There is an old fashioned expression that probably comes to us from the time of Hippocrates though the English formula for it is usually attributed to old Dr. Parry of Bath which Osler used to like to quote — "It is much more important to know what sort of patient has a disease than what sort of disease a patient has." The latest history of medicine written by Dr. Greene Custom has an article in the beginning of it by Dr. Crookshank of London on "Philosophy and Medicine" in which he suggests that there is a definite tendency in our time to get back to the old Hippocratic idea of treating the patient and not his disease and of getting away from the diagnosis of distinct disease especially as it was developed so highly at the end of the nineteenth and the beginning of the twentieth century. That was the Galenic method. He says that we are now going back to be followers of Hippocrates.

The healers by profession are the ones who cure any and all the diseases of mankind by some very simple method. For them disease is an error of mortal mind or it is a subluxation of the vertebrae or it is a failure of adjustment and all you need do is get disease out of your mind, have the subluxation corrected, have the adjustment made and then you proceed to get better. These healers proclaim that Pasteur was a fool, Lister little better than a knave, the bacteriologists self-deceived, the surgeons practisers on the gullibility of mankind and the physicians just galoots who know no better and are making a living out of the foolishnesses of men and women whom they are deceiving into the belief that they are ill and are being cured according to nature.

*Read before the Annual Meeting of the Rhode Island Medical Society, June 2, 1927.

It seems impossible that men should accept such wholesale absurdities but so far from popular education lessening the tendency to follow after quacks and charlatans, it has increased it. A great many people can read and write but so far from helping them to think this in a great many cases actually seems to distract them from thinking. They are so much occupied with reading that they have no time to think. Between three and four editions of the newspapers every day and the four thousand magazines that we now read in this country, soon almost no one will have any time to think but they will just be ready to take suggestions. So long as they do we shall have an abundance of healers by profession. Men who claim to be in touch with the Almighty in some way or other will heal the ills of mankind and all sorts of healing movements will flourish. Not long since I attended a seance of a new religion—the religion of the Solar Plexus. That was an entirely new one on me so I wanted to hear about it. We were told by a very glib talking, suave mannered man who used good English, rather long words, that the only God was within us. He quoted Latin for that, *est Deus in nobis*. He said that we should not worship a God without us and especially not pay priests or ministers to put us in touch with God. We had a power within us, our solar plexus, that enabled us to accomplish all that we would provided only we concentrated on it .This would give us not only health but wealth and prosperity because it would enable us to exercise all our powers, patent and latent, overt and covert and thus accomplish all our purposes. There were probably three score people present at that afternoon lecture on the new religion and I noticed a number of bills in the collection basket and the gentleman maintained a suite at a fashionable hotel. He manifestly cures a lot of people of a number of ills for which they have applied to the doctors in vain.

There are those who have given very much thought to the subject who have been inclined to say that these healers by profession are very largely fostered by the healers within the medical profession who cure the ills of their patients in so far

as they cure them in very much the same way as the healers by profession. You will find them using the last new remedy whatever it may be that as been advertised extensively or has been talked up by the detail man of the manufacturing pharmacist. Whatever is the fad of the moment they are following it. They are having most of their patients' teeth pulled on the slightest provocation. They are having tonsils removed on even the slightest of indications. They are sure that there must be a focus of infection somewhere hurting their patients' health though they often fail to realize that even a little regulation of the patients' daily life would make them ever so much better and would often put an end to all their symptoms.

Thin patients who are manifestly not eating enough and who are complaining of pains and aches in their muscles because their muscles do not receive enough nutrition to enable them to work properly are said to be suffering from rheumatism or from the absorption of toxic material that is seriously disturbing joint and muscle function. Patients who are taking laxatives to move their bowels when they ought to be eating coarse food that would give them healthy and properly formed movements are supposed to have all sorts of latent conditions when what they are really suffering from is lack of proper nutrition. An immense amount of so-called indigestion comes not from eating too much but from eating too little and often unsuitably. People who are sitting in the house all day and who get almost no exercise and very little outing have symptoms of various kinds supposed to be due to focal infection when what they need is air and exercise.

There has always been a tendency for even thoughtful members of the profession at times to take up with remedies that promise to cure disease instead of to benefit the patient. After all the use of mummy for three hundred years was largely a professional matter. They argued that if the embalming fluid could keep dead flesh from disintegrating, what would it not accomplish for living tissue. They rather expected that it would make them immortal. Not being able to procure the Egyptian embalming fluid they did the next best thing and used mummy pills. When genuine mummy gave out they used carbonized beef mixed with asphaltum and got just as good results. The druggist usually has "something just as good." About the time that mummy played out they began to use skull moss. They scraped the moss from the skulls of criminals hanged in chains, thinking that it represented the quintessential elements of the brain of these very enterprising criminals and therefore must be good to supply pep and energy to those who were played out or were suffering from nervous exhaustion. Of course they got wonderful results. Fabricius of Hilda explained that it was a question of magnetism that enabled the *unguentum armarium* to work wonders in curing injuries. This famous ointment was applied not to the wound but to the weapon making the wound while the blood was on it and the change in the magnetic condition of the shed blood by the ointment was communicated wirelessly, I suppose, to the unshed blood of the patient and this brought about a great change in the tendency to recovery and led to the rapid healing of wounds which resisted other treatment. Francis Bacon was sure that this was a wonderful remedy because he had seen it work on animals as well as men, on children as well as adults, and therefore he felt that it could not be a question of mental influence.

All down the centuries men have been tempted to healing instead of medical treatment. Elisha Perkins reading the accounts of Galvani's experiments with frogs thought that he could make something that would be helpful to mankind so he devised his tractors and proceeded to cure a lot of people with them. He cured lumbago and sciatica and pains and aches of various kinds and lame shoulders and lame backs and painful joints that were worse in rainy weather and all the sort of things that we now are likely to attribute to abscesses of the teeth or infected tonsils or something of that kind. He thought he could prevent disease as well as cure it so he tried the prevention of smallpox but he must have forgotten about himself for he died of smallpox. His son took the tractors over to England before his father's death and cured over a million of people of all sorts of ills and ails and then the tractors died out. Oliver Wendell Holmes wondered how they could have died out seeing the intense attention they attracted. Thacher, our first medical biographer, is simply astounded that Perkins' tractors should have attracted so much attention before his death and then have sunk into the most absolute if not entirely innocuous desuetude. We have them still

in our medical museums and of course there is nothing in them and the proverbial dead mackerel is very much alive compared with them, there is no electricity, no magnetism of any kind in them, and yet they cured thousands in this country and over a million of people in England.

I was in Paris when the excitement over Brown Sequard's elixir had not yet quite disappeared. Brown Sequard wanted to get something to rejuvenate old men so he took the testicles of the rabbit and made an emulsion of them and injected them into the sexagenareans. The jack rabbit is "Johnny on the spot" so far as sex efforts are concerned and has a large number and frequent progeny so that no wonder old men felt better after having some of this injected into them. It gave them new courage at least and that was what they needed. Don't let us forget that thousands of them crowded up to Paris and a great many of them thought they were wonderfully benefited by this elixir. We with our monkey glands and our ligation of the vas have nothing on them in that matter. It is the same old game and it plays just the same way and people fall for it of course but the surprise is when the doctors fall for it.

I was in Berlin when Koch introduced not his first tuberculin but his second tuberculin. The first one had been announced as a cure for consumption, mainly it is said because the Kaiser wanted to have that German Medical Congress attract attention by some sensational announcement. Against his better judgment Koch made the precocious announcement of his results. Instead of benefit, an immense amount of harm was done by it and of course consumptives all over the world were disturbed and were taken out of their ordinary routine and those who could not go to Berlin were very much disappointed and lost appetite and sleep over it. Koch was sure that the second tuberculin was going to accomplish what the first had failed to do in spite of his announcement. We have tried that second tuberculin for thirty years since then and we are not quite sure whether it does any good or not though with the balance against it.

In New York we have the story of Alonzo Clark, a really great physician, who was sure that he could cure most of the continued fevers, and above all typhus and typhoid fevers, by continuous treatment with French brandy. He gave a teaspoonful every half hour day and night even though the patient had to be waked up for that purpose. He was quite confident that if this plan were pursued vigorously every patient would get better. There was not a doubt left in his mind with regard to that. I need not say that there is nothing in his idea and that he did harm rather than good by the treatment but it is an interesting historical fact.

Toward the end of the nineteenth century I saw opotherapy as it was called come and then go, under the aegis of another genius in his way, Dr. William A. Hammond. Either he suggested or he took up the idea that giving patients portions of the organs that were affected in their bodies in any way might if not cure those organs at least help them in their function and therefore prove of value for deteriorated conditions. As a result of this people who had brain symptoms were given cerebrin and people who had Brights disease were given nephrin, while those who had any heart symptoms were given cardin and so on. Of course some wonderful results were secured, that is to say a number of patients to whom this novelty in therapeutics was explained and who were at the same time given the assurance that in excellent hands it had proved of very great therapeutic value felt sure that they ought to get better and then proceeded to get better. Almost needless to say they had no symptoms except those that the mind were producing on the body but then sometimes those symptoms are often insidious and deceptive and may lead inevitably to the conclusion that there is some organic condition present.

It did not take long however to dispose of opotherapy and indeed it takes a much shorter time now for the profession to be disillusioned with regard to these novelties in therapeutics than was the case a few years ago. This is very probably due to the fact that ever so many more people are alive in the older years when we hear more complaints than there used to be. One out of every five of the children born in New York City three quarters of a century ago used to die before the age of one year and another one used to die before the age of five years. That left us with only three-fifths of our population to care for. Natural selection is kindly and usually took away by preference those who were likely to be delicate and ailing or to be a little unstable in mentality or in nervous control that is those who are particularly likely to become regular patients for physi-

cians later on in life. The greater number of patients enables us to judge sooner of the negative quality of a remedy. The suggestible people are eliminated sooner and then we come down to the hard-boiled ones and they do not get cured by any mental influence and so we learn that the remedy was mental rather than physical in character. With our experience in opotherapy the endocrines find it a little bit difficult to secure a foothold in our minds. Of course the very crude theory that an organ eaten would stimulate an organ now looks very foolish. It seems to have no more meaning than the old stories that we have of Indians eating the hearts of brave and stalwart enemies whom at last they had conquered because they felt that through his heart there was passing to them something of the courage and vigor of their adversary.

It is not a far cry however from that to eating sweetbreads and consuming gland products of various kinds in various quantities and then expecting to get wonderful results for all sorts of things. A gunshot prescription of endocrines bringing together nearly all the gland products in the body is just as foolish as the calendar prescriptions as they used to call them because they contained so many ingredients that the prescription written for them looked like a list of the days of the month as they used to have them in the old almanacs. We laugh at the physicians who used the calendar prescriptions of the old time but there are still some of us who are using the gunshot endocrine prescriptions the substances of which are aimed at so many different points in the system that it is supposed they must do good for some part of the body. There are a great many physicians who are getting wonderful results with endoctrines but then they would get just as good results in most cases if they would talk kindly with their patients, encourage them with the thought that they were going to get better, have them increase their diet, and perhaps, their rest, if they are thin, and have them increase their exercise and modify their diet if they are stout. Anything at all would do most of these patients good if they only took it up seriously and began to feel that they were due to get better rather than to get worse and thus made a few favorable suggestions to themselves.

In recent years we have been curing patients by taking things out of them rather than by putting things into them. When I began to study medicine we were just in the midst of that unfortunate movement which led to the removal of so many ovaries in comparatively young women. If a woman had any nervous symptoms of any kind or any tendency toward mental symptoms or if she complained of pains and aches that were worse in rainy weather, or if she was sleepless, it was concluded that her ovaries were at fault and they were taken out. After a while fortunately that fad disappeared but not before many thousands of women were unsexed. It seems very foolish to us now and yet I feel that we are doing very much the same thing in removing teeth for all sorts of symptoms without being able to demonstrate that there is any connection between the teeth and the symptoms in question but often without being able to demonstrate that there is anything the matter with the teeth at all. Professor Lewellys Barker of Johns Hopkins talking to the Maryland State Dental Association upon "The Relation of Oral Sepsis to Disturbances of General Health" did not hesitate to say, "I look for example upon the claims of the Trenton School of psychiatrists, who have maintained that the majority of insanities are due mainly to cerebral toxemias that develop because of local infections and that nearly all insane patients can be cured by removal of infected teeth, by operations upon the paranasal sinuses, gall bladders, appendices or intestines, not only as absurd in theory but also as tragic in practical results. Again, that the wholesale removal of the teeth of patients who suffer from various bodily disorders, irrespective of whether these teeth are diseased or not, is equally absurd and tragic, goes without saying to an audience like this."

Dr. Barker quotes with sympathetic approval the comment of that distinguished neurologist of Philadelphia, the last of that great group who in the time of S. Weir Mitchell conferred upon Philadelphia so much prestige in the study of nervous disorders, Professor Charles K. Mills. As a teacher of my own as also of Dr. Thomas here with us today who doubtless remembers even better than I do the dear little professor who had so much more brain than brawn, I feel that I can quote Dr. Mills with the assurance that what he has to say will be received with the consideration that it deserves. On occasion Dr. Mills can be rather incisive and can say things that cut to the

quick. They were meant to. He said with regard to the wholesale removal of almost anything and everything from the human body that has been going on lately: "If the craze for violent removal goes on, it will come to pass and probably before very long that we shall have a gutless, glandless, toothless race, and we may have, thanks to false psychology and surgery, also a witless race."

Dr. Barker has himself rather strong feelings with regard to this cure by removal which is so prominent in the therapeutics of our day. He adjured the dentists not to allow themselves to be run away with by medical and surgical fads but to keep to the middle of the road of reason and common sense and avoid the extremes. It's a long while ago since that old Latin writer of maxims, Publius Syrus, said *in medio tutissimus ibis,* you will always go safest if you are in the middle of the road. Listen then to what Dr. Barker has to say on this and the other subject of removal and more removal and still more removal of important structures which it might be quite impossible to connect in any definite way with the symptoms which are said to be going to be cured by the elimination of the organs in question from the body.

"To keep to the middle path of sanity between faddish diagnosis and extravagantly meddlesome therapy, on the one hand, and culpable failure of recognition of important disease processes and blameworthy ultrapessimism regarding therapeutic measures of definitely demonstrated value, on the other, is not easy for every member of either the medical or the dental profession. Today the teeth and the colon would seem to be exceptionally in danger; yesterday, it was the appendix, the gall bladder and the tonsils that were in jeopardy; only a few years ago the ovaries of women were removed literally by the bushel in certain great operative centers!"

In recent years besides taking things out of the body, removal cures, a great many doctors get a great deal of kick for themselves and apparently also for their patients out of putting things directly into patients' bodies. We used to put our medicines in the stomach and let the mucous membrane do some selective work in receiving or rejecting what instinct told it would be beneficial or deleterious. But now we have gone a step beyond that. We inject materials directly into the vein or at least directly beneath the skin and nature has just got to take it whether she wants to or not. Fortunately most of the medicaments thus used are perfectly harmless and are very carefully prepared so that they will not produce any reaction of any kind, so that they are perfectly safe remedies. Their safety is also an index of their vacuity of effect. They would remind one very much of the emulsions of cod liver oil that used to be advertised long ago when cod liver oil was very expensive as tasteless emulsion. A guarantee went with them that you could not taste the cod liver oil in them. Someone made an analysis of them and found there was no cod liver oil in them, so that the guarantee could be absolute indeed.

When I hear so much of light therapy in our day and of some of the wonders worked by the violet rays or ultra-violet radiation, I cannot help but think of one of the early experiences that we all went through a little more than fifty years ago. By mistake a firm in New Jersey I believe made much more blue glass than a particular order called for and they did not know what to do with the rest of it because there was not very much call for blue glass. Someone suggested that the blue end of the spectrum was actinic and acted on a photographic plate, so why should it not also act on tissues and bring about curative effects. The head of the Grand Army of the Republic at that moment was a man who was suffering from aches and pains due to old wounds and to malaria and perhaps some rheumatism gathered down on the banks of the Chickahominy, so a young man was sent to suggest to him that sitting under blue glass might be good for him. Of course the whole theory of the actinic end of the spectrum and its possible effectiveness was explained to him thoroughly.

The general was very much interested and promised to sit under the blue glass and report the results. They were very favorable. The general had fewer aches and pains than since the war. There was a meeting of the Grand Army of the Republic not long afterwards and he reported the results. Most of the old soldiers had troubles similar to his, so blue glass got a boom. I remember an uncle of mine who sat under it for some of his pains and aches though he had only served in the army through a substitute whose bones are bleaching on some southern battlefield, and later on I found the framed blue glass panes in the garret of the old homestead. Many tons of blue glass had to be made and everybody was pro-

claiming what a wonderful agent it was for the cure of pains and aches and disabilities of all kinds but of course it represented the actinic end of the spectrum, so why shouldn't it work wonders, and it did.

Not long since lecturing for the forums in Florida with regard to the funny things that cure people I did not mention blue glass but in the questions afterwards a man asked me if I did not think that light was a wonderful therapeutic agent. Well, I said, I was not sure about that and that it was very interesting to consult controlled cases in the matter. Rollier, for instance, claims to be making some really wonderful cures in the tuberculosis of children by exposing them to sunlight until they become not only brown as berries but really as dark as black walnuts sometimes. The exposure must be made gradually but the results are very striking. When I asked my brother however who is a specialist in tuberculosis what he thought about light exposure for the disease he said that there were three other sanatoria for tuberculosis in the same district as Rollier's. One of them uses light for some cases but not for most of their cases; the other two treat tuberculosis in the conventional way by having the patients sit out in the air but well protected from the sun. The therapeutic results in all four sanatoria are almost exactly the same. Certainly there is no preponderance of good results in Rollier's institution as compared with the others.

That is what is so important in the estimation of the value of cures. There are a whole lot of diseases that will be benefited by almost anything provided you give them time and reasonably good living circumstances. Expectant treatment often has wonderful results. If you think you have a remedy for a disease, well then every alternate case should be left without the particular remedy and treated to the best of your ability in some other way. You will often be surprised to find that your controled cases do just as well as those treated by the new cure. But then if you are persuaded that you have a new cure, it will seem to you like a very serious neglect of your patient's health not to treat everyone of them with it. There is the trouble with professional healing both inside and outside the medical profession.

It is easy to understand then that we shall continue to have healers by profession as long as we have professional healers, that is healers in the profession. They make a diagnosis of an ill or an ail and then they proceed to cure that. They forget that our business is treating patients much more than their diseases. It is much more important to know what sort of patient has a disease than what sort of disease a patient has. That may seem too old-fashioned but we all of us readily realize that if a man comes down with pneumonia it is much more important to know what he took into his pneumonia with him than of the pneumonia itself. If he had scarlet fever when he was seven or eight and developed glomerluar nephritis afterwards constituting a basis for Brights disease, he will probably die on the fifth or sixth day from toxemia because his kidneys will not eliminate the toxins from the pneumonia successfully. If when he was some place between fifteen and twenty-five he had old-fashioned growing pains with red and swollen joints or true rheumatism with the same symptoms, and his heart was affected, he will probably die on the seventh or eighth day from heart exhaustion because his crippled heart cannot pump blood through his solidified lung, nor keep the strain of circulation through the well lung. If he had tuberculosis at twenty, he will probably not have a frank crisis but his pneumonia will resolve by lysis and he will have a time keeping alive after the tuberculosis that will be lighted up by the pneumonia. What is thus true for pneumonia as the captain of the men of death, is true for all affections. It is the patient who counts. If patients want to have diseases cured, let them go to the quacks who will cure them. If they want to have themselves strengthened in various ways so that they can overcome their diseases, then the regular members of the profession who have lengthened human life until now it is more than twenty years longer than it was sixty years ago will help them.

THE DIAGNOSIS AND TREATMENT OF SCABIES*

By Roy Blosser, M. D.
Providence, Rhode Island

Scabies is one of the commoner skin diseases and one which, with few exceptions, can be cured in a few days' time. In many cases, however, the

*Part of a paper read before the Pawtucket Medical Association, April 21, 1927.

treatment is a failure. These failures most often are due to the fact that patients are not instructed as to the proper method of carrying out the treatment; only in comparatively rare instances are they due to the inability of the physician to make a correct diagnosis or to prescribe a suitable remedy.

The following history illustrates most of the "don'ts" in connection with the treatment of scabies:

Mrs. G. came to the O. P. D. of the R. I. Hospital with her son aged three and stated that three months previously the little boy had spent the night with relatives and a few days later was found to have a slight eruption on the body which itched furiously especially at night. The mother found upon investigation that the family of relatives where her little boy had spent the night were suffering from this same kind of skin trouble. About a week later her son aged six, who slept in the same bed with the younger boy, developed the same sort of skin trouble.

The mother called in her family physician who said it was nothing to worry about. He did not prescribe any treatment. A few days later she called another physician who prescribed an ointment containing sulphur and advised her to apply it every night to the affected parts and to give the boy a bath every day. Inasmuch as there was only a small jar of the salve the mother used it at first only on the three year old who was more severely afflicted than the older boy. This treatment relieved the itching somewhat and the mother stopped treating aged three and treated aged six, having the jar of salve refilled at the drug-store from time to time. A few weeks later the mother contracted the disease and shortly after this the father followed suit. The mother obtained a larger quantity of the salve and did the best she could to treat herself and the three other victims. Meanwhile the younger boy's skin was becoming irritated and inflamed and there were a number of pustules, covered with crusts, on his hands and other parts of the body.

This state of affairs continued for more than two months. All the family became nervous and irritable from loss of sleep. The two boys had poor appetites and were losing weight. The father found it difficult to carry on with his work.

Upon examination at the R. I. Hospital the younger boy's skin was found to be badly irritated by the prolonged use of sulphur ointment, and it was deemed advisable not to attempt antiscabetic treatment until this had been allayed by the use of Lassar's paste to which was added 1% of phenol.

For the other three, the mother was given two and one-half pounds of salve containing one drahm of sulphur to the ounce of benzoinated lard, and printed instructions for carrying out the treatment. She was directed to treat the three older ones simultaneously and to have the younger boy sleep alone so as not to reinfect the older boy after the latter was cured. A week later the parents and older boy were free from itching except for a slight amount at times. Examination showed no new lesions of the disease; the skin was not entirely smooth but this was considered no more than usual following scabies which had lasted over two months with the attendant irritation and abrasions of the skin. The mother was cautioned not to use any more of the sulphur ointment for any itching that remained; excessive bathing was to be avoided and the affected parts of the body were to be annointed daily with cold cream or olive oil.

Aged three's skin was much improved. The pustules had been opened daily by having the crusts lifted off, following which wet compresses of boric acid solution were applied. Some new lesions of scabies were present and a prescription containing one drahm of balsam peru to the ounce of vaseline was given.

Discussion

From a study of the foregoing case history we find that the following errors were committed:

(1) Failure to make an early and correct diagnosis. The history of the one child having developed a severe itch after spending a night with a family who were similarly afflicted was strongly suggestive of scabies.

(2) Prescribing too small an amount of ointment for adequate treatment. This is a common mistake in treating scabies. From six to ten ounces for a child, and twelve to sixteen ounces for an adult are required. The salve must be applied to the entire body with the exception of the head, face and neck.

(3) Too long continued use of sulphur ointment. Application of this remedy for three successive nights rarely fails to cure scabies. If it is continued longer it is apt to irritate the skin and

produce a dermatitis which adds greatly to the discomfort of the patient and which must be relieved before attempting anti-scabetic treatment.

(4) Failure to treat all the cases in a family at the same time. One patient cured may later become reinfected from one who has not been treated.

(5) Daily baths during treatment. The continued parasiticidal effect of the ointment is desired; it should be allowed to remain on the skin until treatment is finished.

Etiology

Scabies is caused by a small insect, the Acarus Scabiei, which is barely visible to the naked eye, being about the size of the perforation produced by a fine sewing needle.

Scabies is most often contracted by sleeping in an infected bed. Hotel beds and Pullman berths are considered responsible for some cases. It is probably contracted at times by shaking hands or by the use of an infected towel.

Diagnosis

If a definite history of exposure to scabies can be obtained, or if it is found that more than one member of a family has the same pruritic skin trouble, we have strong presumptive evidence as to the nature of the affliction with which we are dealing. The itching of scabies is always much worse at night than during the day.

An examination of the skin shows evidence of scratching, particularly small excoriated papules or vesicles the size of a pin-head or smaller. The scabetic burrow, a straight or zigzag, slightly elevated line, from ⅛ to ½ inch in length, cannot always be found but should be looked for in the interdigital spaces and on the breasts in the female and the shaft of the penis in the male.

The location of the eruption is characteristic in that it very rarely occurs above the base of the neck. It is apt to be more profuse on the abdomen, the wrists and the anterior borders of the axillae. If present on the penis it is of diagnostic importance in that only a few skin diseases occur in this location and those that do are not likely to be confused with scabies.

The hands, in those who wash them frequently, may show no lesions at all.

In those in whom the disease has been long neglected eczema and impetigo are apt to be superadded and these cases are sometimes termed Norwegian itch.

Patients who are naturally cleanly are apt to take frequent and thorough baths as soon as they have become annoyed by the itching and in such cases the eruption is apt to be scanty and the diagnosis more difficult.

Treatment

The main points regarding the treatment of scabies have already been mentioned.

In order to be sure that patients carry out the routine properly it is customary to supply them with printed directions. Those which I furnish read as follows:

1st Night

Take a warm bath for half an hour, using plenty of soap and a wash cloth. Apply salve to entire body except head, face, and neck, using plenty of it and rubbing it in thoroughly with the hands. If there is any eruption on the hands, rub them with the ointment after finishing with the body; then put on cotton gloves and keep them on all night. Wear the same underclothes and night clothes until the treatment is finished.

2nd Night

Repeat the application of the salve. (No more baths until the treatment is finished.)

3rd Night

Another application of the salve.

The next morning take an ordinary cleansing bath, put on clean underclothes and change the bed linen.

Do not apply any more salve after the third night; if there should be any more itching it is probably due to another cause and requires different treatment.

SACROCOCCYGEAL TUMORS*

with report of two cases

Henry E. Utter, M. D.
and
Reuben C. Bates, M. D.

Neoplasms and cysts of the sacrococcygeal regions have been reported by a few writers. While by no means of common occurrence they appear as a cause of obstinate constipation in infancy. Doubtless more cases would be reported

*Read before the Keen Club, June 1926.

if a rectal examination was included in the routine physical examination of the constipated infant. Most of the constipation witnessed in early life is functional in character, but occasionally we meet with obstruction to the passage of feces in the rectal canal.

Classification:

Ewing stated that embryonal structures giving rise to sacrococcygeal tumors are chiefly the fovea coccygea, and the coccygeal vestiges of the neural canal, the neurenteric canal, the postanal gut and the proctodeal membrane. The tumors resulting are:

1. Dermoids: Simple as pilonidal cysts, and complex, containing bones or hair and teeth.
2. Teratoid tumors: Solid and cystic, occuring at the lower end of the spinal column and anterior to the sacrum and coccyx. Generally the spinal dura is not involved.
3. Teratomata: Containing certain definite organs as scapula, kidney, brain, etc., and generally occurring posterior to the sacrum and often associated with spinal bifida.

Many of these tumors are congenital in origin; some degenerate and cause complications in adult life.

Dermoids are described in Keen's Surgery as "Tumors furnished with skin occurring in situations where this structure is not found under normal conditions." In its simplest condition a dermoid has the form of a more or less globular sac or cyst; its inner wall is lined with stratified epithelium furnished with hair and sebaceous gland, and often with sweat glands. These constitutions with excretions from glands accumulate within the sac and slowly distend it.

Etiology:

The exact cause of these tumors is unknown. Bolognesi (2) states that the site of predilection is the sacrococcygeal region. He also believes these tumors to be monstrosities rather than neoplasms. Keen says that where two embryos are conjoined, one going on to complete development, and the other attaining this only in certain parts, the result is a parasitic fetus. Ewing believes that simple tumors exhibiting tissues or organs similar to that found in the immediate neighborhood are probably monogerminal in origin, and due to budding processes or impurities in specific germ layers.

Dermoids of the sacrococcygeal regions are very similar to hairy cysts found in other regions. They may degenerate early and end in infection, abscess, fistula, or may become malignant. Parin (3) reports fifteen cases of congenital tumors, and six of these became malignant and formed metastases. In his series of 122 cases of tumors of the sacral regions, Kiderlen in 1899 found twenty-five to be dermoid cysts. When situated in the typical position it was found that the tumor forced the anus forward and the sacrum and coccyx backward. Stoner (4) believes that all rectal fistulae are the result of abscess formation, and that many originate from dermoid cysts being forced through the rectum during labor.

Diagnosis:

The importance of a good history cannot be over-emphasized. Constipation may be variable in degree with periods of freedom, particularly when the stool is loose in character and easily forced beyond the obstructing point. Occasionally in the course of the growth of these tumors difficulties may arise from impaction of the rectum, sometimes with vomiting or regurgitation as well as flatulence and abdominal distention.

Positive diagnosis can only be made by rectal examination. A globular or irregular shaped mass may be felt in the hollow of the sacrum which pushes the posterior wall of the rectum forward. This mass may be definitely outlined, and may extend into the soft tissues of the pelvis.

The rectal examination alone can differentiate these tumors from partial atresia of the anus or rectum. Under the latter condition, constricting bands of circular rectal fibres may be felt from one-half to two inches inside the sphincter ani. In this condition there is absence of the globular mass in the hollow of the sacrum.

Gaunt states that the tumor must be differentiated from a meningocele. The Roentgen-ray may be used for this purpose although in most cases the character of the mass can be ascertained only by operation. A meningocele in this region is rare.

Treatment:

Surgical removal of the tumor should be performed as soon as the diagnosis is assured. Possibility of injury to the rectum with resulting fistula often renders the operation difficult. Operative complications are dangerous because of the possi-

bility of infection from the anus as well from the spinal cord due to the close association of the tumor with anterior spina bifida. Occasionally the abdominal cavity has been entered during the removal of these masses. Excision is generally curative and followed by a lower mortality than other procedures. When the mass is cystic, precautions should be taken to avoid injuring the capsule.

Prognosis depends on the age of the patient and the relation of the tumor to the rectum and cord. The mortality runs high because the operation is tedious, and of close proximity to the spinal cord.

Report of Cases

Case 1. S. B., Female Child, age 5 months. F. H., Negative.

P. H. She was the first born of healthy parents. Her birth had been normal in every respect. She was nursed but three days during which time the mother stated that the baby constantly refused the breast. She was placed upon artificial feeding and had gained satisfactorily. Her birth weight was 5 pounds and when first seen, weighed 12 pounds 13 ounces.

P. I. The present illness dated back four days at which time she commenced to vomit. This vomiting appeared after feeding and was more in the nature of regurgitation. There had been 3 to 4 hard constipated stools after the use of castor oil.

At the first visit, September 14, 1920, the milk formula was altered and one week later she had gained 5 ounces. The constipation persisted and rectal examination revealed a somewhat flattened tumor mass in the hollow of the sacrum. This mass, about 6cm in diameter, was firm, slightly movable and easily outlined. The surface was smooth and not attached to the rectum. Seven weeks later, December 13, the mother reported while on a visit in New York City there had been no stool for 4 days and a physician was called, who found it necessary to unpack the rectum.

On January 3, 1921 another examination was made. The mass was much larger and the rectum again necessitated unpacking. Magnesia and mineral oil were constantly used to keep the stools soft. From January 3 to January 18, the constipation became much more pronounced and she was referred to Dr. L. C. Kingman for operation.

Pathological Report:

Specimen consisted of a large, cup-shaped sac with thickened walls and a rigid lining surface.

Microscopically: the cyst wall consisted mainly of smooth muscle tissue with scant connective tissue stroma. Lining of cyst lumen apparently smooth. No signs of malignancy observed.

Subsequent Notes:

Rectal examinations six months and six years after operation failed to show any recurrence of this tumor.

Case 11, J. B., Female child, age 7½ months.

F. H., father and mother healthy, 3 other children living and well.

P. H., the baby was normal at birth and weighed 8 pounds 2 ounces. She was artificially fed and had done fairly well, weighing 15 pounds 2 ounces at first visit, April 5, 1920.

P. I., She had gained but 12 ounces in the previous five weeks. During her infancy there had been considerable vomiting. There also existed a stricture of the rectum, just inside of the anus, which had been dilated manually once a week. The bowels were constipated but at no time had it been found necessary to unpack the lower bowel;

Physical Examination:

This was negative except for the rectal examination. Just inside the anus a circular stricture of the lower rectum was revealed. This was easily dilated and upon further digital manipulation there was felt a round mass about 3 cm in diameter in the hollow of the sacrum.

On May 21 the constipation had increased, although the infant was gaining weight and developing satisfactorily. The tumor had increased in size. On May 28, she was operated upon by Dr. H. H. Germaine. A mass was found between the sacrum and the rectum. This tumor was formed of multiple cysts, one of which contained pus. Others contained sebaceous matter. Three days later, temperature as high as 104 appeared. There was a purulent discharge from the wound. The temperature remained persistently high and the toxaemia increased until June 5, upon which day the baby died.

Summary:

These two cases show the necessity of rectal examination in all cases of severe constipation appearing in infancy. While of rare occurrence,

tumors of the sacrococcygeal region are occasionally found and can be diagnosed only by rectal examination.

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REPORT OF DELEGATE TO AMERICAN MEDICAL ASSOCIATION.*

BY ROLAND HAMMOND, M.D.

PROVIDENCE, R. I.

The recent meeting in Washington proved to be one of the most successful in the history of the Association. The attendance was large and representative of the continent of the United States and her outlying possessions as well. The sections were well attended and the papers presented were of an unusually high standard. The scientific exhibits were more extensive than in former years and contained some noteworthy features, particularly a fracture exhibit occupying six or eight booths. Here were demonstrated special methods of splinting and the use of plaster of Paris by a large corp of surgeons. The Commercial Exhibit was complete in every particular and is proving itself a valuable attraction which no one should miss.

As a place of meeting Washington proved most alluring. The most outstanding criticism came from the fact that the section meeting places and Registration Bureau were so widely separated that much time was lost in going from one to another.

*Read before the Annual Meeting of the Rhode Island Medical Society, June 2, 1927.

As a city of much beauty and interest to every American, and containing so many shrines and National monuments, it was inevitable that Washington should prove distracting to those attending this meeting. There were numerous memorial exercises both in the amphitheatre at Arlington for physicians who died in the World War and at Mt. Vernon, where wreaths were placed upon the tombs of General Washington and Martha Washington. The presence of the President of the United States at the opening meeting on Tuesday evening was one of the high spots of the meeting.

The House of Delegates, to which your delegate is accredited, is a hard working body and much important legislation was enacted. The most spectacular part of the proceedings was released each day and has been read in the daily press by all of you long before this. There are, however, several important matters as well as interesting sidelights which are worth recording.

It is estimated that by 1965 the population of this country will be one hundred and sixty-five millions. It will be necessary to train more physicians to meet the demands of that population and the training must begin very soon. It is felt that medical courses should place more emphasis upon training general practitioners and less for the specialists, which should be reserved for post graduate work.

It was voted that in the future all resolutions regarding the alcohol question should be referred at once to the Board of Trustees for investigation and not brought up on the floor of the House.

It was also voted that circular letters regarding periodic health examination should be revised by the Board of Trustees before being sent out by County Medical Societies.

The Constitution of the Association was amended so that the House of Delegates shall have the power to discipline or expel a member of the American Medical Association or a fellow of the Scientific Assembly. This means that the Association has the right to control its own membership but has no control over the membership of County or State societies.

The training of nurses was considered to be in a deplorable state. Too much emphasis is being placed upon academic training and too little upon the producing of a practical working nurse. Five

thousand dollars was appropriated to investigate this situation.

In past years there has been much discussion regarding a home for disabled physicians to be founded and financed by the American Medical Association. A survey of the country seems to indicate that there is not sufficient need to warrant establishing such a home.

It was recommended that reports to Insurance Companies regarding the condition of patients should be made at not less than the regular fees charged for private patients in that particular community.

A resolution was adopted petitioning the Collector of Internal Revenue to permit physicians to deduct bills for illness in a physician's family, including nursing and hospital charges.

The incoming President, Doctor Jabez North Jackson, has announced that his policy during his administration will be to endeavor to inculcate a higher standard of ethics in the medical profession.

Doctor William S. Thayer, of Baltimore was chosen President-Elect for the ensuing year and Minneapolis was selected as the place of meeting. It is interesting to appreciate the requirements of any city selected as a place of meeting of the American Medical Association. Eight thousand people are brought into a city during the session. Fifty thousand square feet of exhibition space are necessary; ten meeting places must be provided for the different sections and one large meeting place for the opening meeting and for the President's reception. Care must be taken that there is no overcharge of hotel rates and taxi fares. It is estimated that five hundred thousand dollars are spent in any city during this meeting.

In conclusion, I wish to add my testimony to the splendid work which the American Medical Association is doing for the medical profession in this country. Its officers are hard working and self-sacrificing and much time is spent at great personal sacrifice to practice, time and money. I wish to thank the Society for the confidence reposed in me and I feel that as more experience is gained in the House of Delegates the individual delegate becomes more valuable in representing the interests of his constituency.

MISCELLANEOUS

PAIN

M. J. Hubeny, Chicago (*Journal A. M. A.*, July 23, 1927), says that the experience of roentgenologists shows that the severity, persistence or total absence of pain are often at variance with the magnitude of the disease; also that many combinations or complications exist. Roentgen-ray diagnosis often assists in explaining the cause of pain because it reduces the intangible to the tangible. All roentgenologists have seen many cases in which pain or the absence of pain assisted in either proving or disproving a clinical diagnosis, which syndrome could be explained by a thorough roentgenologic examination.

STUDIES ON VARICELLA

A. Graeme Mitchell and E. Gordon Fletcher, Cincinnati (*Journal A. M. A.*, July 23, 1927), believe that confusion of the disease with variola occurs often enough to warrant the presentation of certain data derived from a statistical study of 775 cases of varicella. Of the 775 cases, 1.4 per cent occurred in patients under 6 months of age; 11.7 per cent in those from 6 months to 2 years; 36.4 per cent in those from 2 to 6 years; 24.2 per cent in those from 6 to 12 years; 6.8 per cent in those from 12 to 20 years, and 19.4 per cent in those above 20 years. Of the 11 cases occurring in infants under 6 months of age, the distribution was as follows: In one the eruption was present at birth, the mother suffering from the disease; one occurred at 3 weeks of age; two at 1 month; two at 3 months; one at 4 months; two at 5 months, and in two the exact age was not known, although the infants were only a few months old. Of the 150 cases in persons above 20 years of age, 118 were in patients between 20 and 30 years of age; 26 in those between 30 and 40 years, and six in persons over 40 years, the oldest being 55 years of age. The largest number of adults in this series does not give a true estimate of the age incidence of varicella. Many of these patients were sent to the hospital with a diagnosis of variola, and a few were nurses, physicians and attendants who contracted the disease on exposure in the hospital.

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The R. I. Medico-Legal Society—Last Thursday—January, April, June and October. Dr. Creighton W. Skelton President; Dr. Jacob S. Kelley, Secretary-Treasurer.

EDITORIALS

THE TEACHING HOSPITAL

"You must realize that this is not a teaching hospital." How often have we heard this offered as a complete and unassailable excuse for inadequate equipment or inefficient methods in a hospital not directly connected with a medical school. And the pity is that the statement is made in all good faith and is usually accepted without question. It might be well, however, to consider carefully whether any hospital can perform its function without being, in a very real sense, a "teaching hospital."

The primary purpose of a hospital is the care of sick patients, and many would say that this is the only purpose. But they forget that the care of patients involves trained personnel, chiefly doctors and nurses. For years it has been recognized that the training of nurses is a hospital problem, and so we have our hospital training schools doing excellent work in the teaching of nurses. It is harder for us to realize that the hospital must train its doctors. The interneship is post-graduate medical

work and should be recognized and treated as such. It should involve not only the performance of work without which it would be extremely difficult for us to run our hospitals, but careful and systematic instruction in practical medical and surgical subjects by well-qualified members of the visiting staff. Only in this way can the hospital properly supplement the very sketchy outline which is the best that any medical school can hope to give its students in the formal course; and failure of the hospital at this point means a poorly trained medical personnel with its inevitable effect on the treatment of patients. And this training must also be given to the younger members of the visiting staff to fit them for the more important work which will come to them in the course of years.

Training of personnel, then, is a matter of vital importance to every hospital, and the institution which is not truly a "teaching hospital" is not fulfilling its duty to its patients or to the community which it serves.

THE LIMITS OF KNOWLEDGE

When our youthful enthusiasm has been tempered by many a mistake and by a wider experience, it dawns upon most of us how hollow is much that we take for knowledge and how solid is our ignorance. Once, as young physicians, how trippingly certain popular words came to our tongues. They were current coin in the realm of medicine and we took them at their face value. Patients who complained of more or less prolonged and refractory fatigue were suffering from "neurasthenia"; most joint diseases were due to "uric acid diathesis"; the fleeting aches of children were "growing pains"; dyspepsias were caused by "biliousness" or a "torpid liver"; depressed moods, fears and anxieties were "just nerves," and so on through a long list of medical shibboleths. In those pleasant days diagnosis was easy because we were sure of ourselves and confident in our powers to solve the most perplexing difficulties. We had read our textbooks, attended the clinics and listened to our professors so that, as we thought, our future course was to be smooth sailing.

Then, as we grew older, our satisfaction with our diagnostic acumen began to lose some of its early glamor: we were discovering that the attainment of real knowledge is a very difficult thing. As we learned to distinguish between words and things, as we experienced the ease with which our eyes and ears and finger-tips tricked us into serious errors, presenting us with mere appearance rather than with reality, as, once more, we discovered that even our instruments of precision left us in the void, we began to apprehend for ourselves that experience is fallacious and judgment difficult. If, perhaps, we were brave enough to attend a few autopsies we soon acquired the salutary habit of mistrusting our most infallible opinions. And so it came about that we were acquiring the beginnings of wisdom.

At first sight it would appear that the accumulation of knowledge should make diagnosis, and therefore treatment, more easy and efficient; yet is it not true that the more facts we know the more difficult is their manipulation? With what lightness of heart Francis Bacon took all knowledge for his province! If he were alive today he would doubtless find one corner of knowledge to be more than he could master. In Medicine a similar condition prevails. Think of how nephritis has multiplied its varieties since the days of Richard Bright. We can very easily imagine the surprise with which Addison would read a modern account of diseases of the blood. Hodgkin would be amazed at the number of things which may go wrong with lymph-glands. Corrigan and Stokes might have difficulty in using a polygraph and Graves would acknowledge himself a mere child in the study of the thyroid gland. It is becoming more and more difficult to remain above our knowledge rather than to be buried by it. Our riches have literally embarrassed us and the very things we know make us painfully conscious of the limitations of our knowledge.

Hence the vogue of specialism with its intensive vision and its narrow horizon. As Trousseau remarked to his pupils we are in danger of missing the wider view and of losing ourselves in an abyss of infinitesimals. Pre-occupation with cells may blind us to the man whose cells they are, and the study of the infinitely little may dim our sight for the relatively large. The upshot of it all is that the specialist should be constantly engaged in preventing himself from becoming a mere specialist while the general practitioner should be as much of a specialist as his powers and his opportunities permit.

HOSPITALS

The Memorial Hospital

The following is a copy of the minutes of the Memorial Hospital Staff meeting held June 9, 1927:

"Meeting called to order by President Wheaton at 9:00 P. M. Record of attendance taken. Eighteen members were present. Minutes of the previous meeting read and approved. Report of Medical Service, Orthopedic Service and Surgical Service read. Dr. Earl Kelley read a very interesting paper on 'Congenital Lues.' Paper discussed by Dr. R. C. Bates and Dr. B. Feinberg. A motion was passed that no meeting be held during the months of July and August. Adjourned at 10:15 P. M."

John F. Kenney, M.D., *Secretary*

BOOK REVIEWS

PERSONAL AND COMMUNITY HEALTH

by

Claire Elsmere Turner

Associate Professor of Biology and Public Health in the Massachusetts Institute of Technology.

C. V. Mosby Co., *Publishers*
St. Louis, 1925

This is an excellent and comprehensive yet concise book upon personal and public hygiene. It contains seventeen chapters on such subjects as, health values, personal hygiene including hygiene of nutrition, of cerebral nervous system, of reproduction, of the mouth and of sex. It deals with public health administration including the control of communicable diseases, water and food supplies, waste disposal, school and industrial hygiene, ventilation, heating and lighting. In an appendix are rules adopted by the American Public Health Association for the control of infectious diseases.

The author received his training under Dr. Sedgwick of M. I. T. He has treated the subjects discussed in a scientific yet rational manner.

The book contains 426 pages and is little larger than a hand book.

General Surgery

Practical Medicine Series, 1924

Albert J. Ochsner, M.D., F. R. M. S., LL.D., F. A. C. S., F. R. C. S. Ir. (Hon), Major, M. R. C., U. S. Army, President American College of Surgeons, etc.

The Year Book Publishers, Chicago

Following out the general plan of the volumes in this series, this book reviews the more important contributions to surgical literature appearing in the year preceding its issue. It provides a carefully compiled and fairly comprehensive resume of the recent advances in this field. The abstracts are of sufficient length to bring out the important ideas of the original article, but this very fact gives the work an almost encyclopedic character which makes it somewhat difficult to read with satisfaction. In the realm of anesthesia nitrous oxid is treated rather superficially, but the discussion on ethylene is of great interest. The advance of regional methods of anesthesia is described in some detail. The use of insulin in the surgery of diabetics is a distinct advance. In the section on new growths the editor approves the following formula as expressing the etiology of cancer: heredity + stimulation + infection = cancer. The reduction of increased intracranial pressure by repeated lumbar drainage and the administration of hypertonic saline solutions is shown to be productive of better results than is the expectant treatment. Abdominoscopy is brought forward as a new means of diagnosis available with but slight risk to the patient. The relation of peptic ulcer to streptococcic foci is again stressed, as is the presence of skin hyperesthesia in acute appendicitis. In general the work will be found to be of considerable value in enabling the reader to keep abreast of recent clinical surgery.

NURSERY GUIDE

By Louis W. Sauer, Ph.D., M.D.
Second Revised Edition
C. V. Mosby Company, Publishers
St. Louis, Mo.

The general scope of this book covers the Prenatal period to the pre-school child. The first chapter describes the many ailments seen during

the early months and has enlighting information for the average mother regarding the teething period. The chapters on nursing and prematurity are well written while physicians as well as laymen can learn a great deal regarding milk and its preparation for infants from the chapter on "Artificial Feeding." The chapters devoted to common ailments and care of the sick infant were very brief but concise. The book is well written, brief and practical and should be a welcome addition to the library of those people having children under their care.

SOCIAL CONTROL OF THE FEEBLEMINDED.

A Study of Social Progress and Attitudes in Relation to the Problems of Mental Deficiency

By Stanley P. Davies, Ph.D.

Published by The National Committee for Mental Hygiene, Inc.

New York

The author describes his concept of feeblemindedness as a legal, sociological or psychological term rather than a biological one based on the inheritance of an elementary trait. He tends to combine the sociological and legal definitions (1) of the Royal College of Physicians of London with the psychological definition (2) of Dr. Leta S. Hollingworth and considers the feebleminded person as (1) "one who is capable of earning a living under favorable circumstances, but is incapable, from mental defect existing from birth, or from early age, (a) of competing on equal terms with his normal fellows; or (b) of managing himself and his affairs with ordinary prudence;" and as (2) "one who has originally an intelligence quotient of 70% or less, and whose status falls in the lowest 2% of human intellect." His exposition of the historical development of the various social and individual attitudes which have been taken in regard to mental deficiency from the time of Aristotle down to the present can be well summarized under the key words, superstition, segregation, sterilization, salvaging.

The essential ideas of the book are thoroughly developed and will be briefly stated. The modern trend in the treatment of the feebleminded is to segregate in institutions those who are extremely low in the scale of intelligence and those who show moral, emotional, or criminal deficiency which cannot be overcome after numerous attempts; to sterilize those in whom segregation fails to function eugenically, that is, those cases who get into sexual difficulties after they are sent back to or escape to the community from institutions; and to return gradually but finally to the community the majority of the feebleminded through social adaptation and education which can be given by institutions, colonies, paroles, and social supervision. Through this education, which teaches them to get along in the community by making the most of their innate capacities, marked improvements in physical and muscular development, in habits, in behavior, in self help, and in occupational ability occur.

In the school the chief factors in the treatment of the feebleminded are early recognition, adequate training, proper supervision, and final segregation of those who are a menace to the community.

Morons often do best in an institution between the ages of 14 to 18 years, as in it their environment can be modified sufficiently to change their behavior and to instill desirable social qualities. During this time they can be reached through the realm of ideals which do not depend entirely on the intelligence but depend much in the feebleminded as in the normal upon the instinctive and emotional makeup of the individual. This training often will control their behavior for the rest of their lives, as it is as difficult for them to unlearn as it was to learn (Fernald). Feebleminded boys can be more freely returned to the community than feebleminded girls, since they are not usually sexually aggressive and are not sought sexually.

The fifty per cent of all the cases of mental deficiency which are believed to be not hereditary are the most hopeful from the standpoint of therapy, since they seem to have many desirable social traits and to show no physical underdevelopment such as occurs in the hereditary type.

To read this book is to secure an adequate cultural knowledge of the problems of the feebleminded.